

Department of City Planning, Building Safety Division 401 Monticello Ave, First Floor Norfolk, VA 23510 1/5/17

## **Part One**

| Project Address                                                                                                                                                                                                                                                                                    | Permit Number |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| This Chairman of Third Days I have a line in a least trade                                                                                                                                                                                                                                         |               |
| This Statement of Third Party Inspections is submitted as a condition for required inspection in accordance with Section 113 of the Virginia Uniform Statewide Building Code. This statement includes a schedule of inspection(s) applicable to this Third Party Inspection.                       |               |
| Printed Name of Permit Applicant                                                                                                                                                                                                                                                                   |               |
| Permit Applicant Signature                                                                                                                                                                                                                                                                         | Date          |
| Printed Name of Third Party Inspector                                                                                                                                                                                                                                                              |               |
| Third Party Inspector Qualifications                                                                                                                                                                                                                                                               |               |
| Signature of Third Party Inspector                                                                                                                                                                                                                                                                 | Date          |
| By signing this document, I, the Third Party Inspector attest that I hold standard errors and omissions insurance for any errors or omissions that may result of my third-party inspection duties as outlined herein.                                                                              |               |
| Building Commissioner Acceptance                                                                                                                                                                                                                                                                   | Date          |
| Part Two                                                                                                                                                                                                                                                                                           |               |
| The Third Party Inspection(s) has (have) been completed. All work required to be inspected is substantially in compliance with requirements of the Virginia Uniform Statewide Building Code and corresponds to approved construction documents. All outstanding discrepancies have been corrected. |               |
| Signature of Third Party Inspector                                                                                                                                                                                                                                                                 | Date          |